

#15/0 (A2)
3/10/02
6-11-02

Our Docket No.: 03532P002

**RESPONSE UNDER 37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3763**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hai Bui

Application No.: 09/316,851

Filed: May 21, 1999

For: Constant Ocular Pressure Active
Infusion System

Examiner: Michael M. Thompson

Art Group: 3763

Please
enter
6/20/01
MTAMENDMENT AND RESPONSE TO THE OFFICE ACTIONAssistant Commissioner for Patents
Washington, DC 20231-9998

Sir:

In response to the outstanding Final Office Action, mailed March 15, 2002, please
amend the above-identified Application as follows:

IN THE CLAIMS

Following is a complete set of claims as amended with this Response. This complete
set of claims includes newly amended claim 41.

- 1 1. (Thrice Amended) An irrigation system for a medical device, comprising:
2 an irrigation reservoir;
3 an irrigation line coupled to said irrigation reservoir;

003543.P002

1

WWS/crr

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (714) 557-3800

INTELLECTUAL PROPERTY LAW
3200 PARK CENTER DRIVE, SUITE 750
COSTA MESA, CA 92626

FACSIMILE: (714) 557-3800

FACSIMILE COVER SHEET**FAX RECEIVED**

JUN 07 2002

Deliver to: Michael M. Thompson Art Group: 3763 **GROUP 3700**
Company Name: USPTO
Facsimile No.: 703-872-9303 Date: June 7, 2002
From: William W. Schaal, Reg. No. 39,018
Our Docket No.: 3543P002 Number of pages 27 including this sheet.
Application: 09/316,851 Filing Date: 5/21/1999

Subject

Remarks Attached for filing please find the Amendment and Response to the Final Office
Action dated March 15, 2002.

Confidentiality Note: The documents accompanying this facsimile transmission contain information from the law firm of Blakely, Sokoloff, Taylor & Zafman which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this faxed information is prohibited. If you have received this facsimile in error, please notify us by telephone immediately so that we can arrange for the retrieval of the original documents at no cost to you.

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Application No. 09316,551 Filing Date: 05/21/99 BSTZ Docket #: 093543.P002 AppSec: WUS/STW
 Date Mailed: 06/27/2002 Docket Due Date: 06/15/2002 Client: Buhner
 Title: Constant Ocular Pressure Active Infusion System

Inventor(s) Rui

The following has been received in the U.S. Patent & Trademark Office on the date stamped below:

☒ Amendment: After Final (22 pgs)
☐ Appeal Brief & two copies (pgs)
☐ Application: (pgs w/ cover & abstract)
☐ Assignment & Cover Sheet (pgs)
☒ Certificate of Facsimile
☐ Continued Prosecution Application (CPA)
☐ Declaration & POA (pgs)
☐ Drawings: sheets, figures
☐ Express Mail No.
☐ Extension of Time:
☒ Fee Transmittal (original & copy)
☐ Other

☐ Information Disclosure Statement & PTO/STUB (pgs)
☐ Issue Fee Transmittal (original & copy)
☐ Nonpublication Request Under 35 U.S.C. 122(b)(2)(B)(i)
☐ Notice of Appeal
☐ Petition for:
☐ Request for Continued Examination (RCE)
☐ Reply Brief (pgs)
☐ Request to Reconsider Previous Nonpublication Request
☐ Response to Notice of Missing Parts & Formalities Letter
☐ Terminal Disclaimer
☐ Transmittal of Formal Drawings
☐ Transmittal of Publication Fee Due
☒ Transmittal Letter
☐ Check No. in the Amount of
☐ Check No. in the Amount of

CM

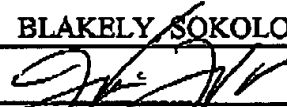
PTO/BB/21 (09-00)

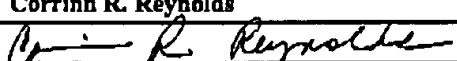
Approved for use through 10/31/2002. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/316,851
		Filing Date	May 21, 1999
		First Named Inventor	Hal Bui
		Group Art Unit	3763
		Examiner Name	Michael M. Thompson
Total Number of Pages in This Submission	25	Attorney Docket Number	3543P002

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 7, 2002

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile under 37 CFR §1.8 on:			
			June 7, 2002
Typed or printed name	Corrin R. Reynolds		
Signature		Date	June 7, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/17 (11-01)

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT**

(\$)

Complete if Known

Application Number	09/316,851
Filing Date	May 21, 1999
First Named Inventor	Hai Bui
Examiner Name	Michael M. Thompson
Group/Art Unit	3763
Attorney Docket No.	3543P002

METHOD OF PAYMENT (check one)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☐ Deposit Account

Deposit Account Number

02-2666

Deposit Account Name

Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of the application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	190	214	95	Provisional filing fee	
SUBTOTAL (1)					(\$)

2. EXTRA CLAIM FEES

Total Claims: 30
 Independent Claims: 5
 Multiple Dependent:
 Extra Claims:
 Fee from below:
 Fee Paid:
 *or number previously paid, if greater. For Reissues, see below

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple Dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
110	1,840*	110	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(a)	
126	100	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
189	900	189	900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

SUBMITTED BY

Name (Print/Type)

William W. Schaal

Registration No.
(Attorney/Agent)

39,018

Telephone

(714) 557-3800

Signature

Date

06/07/02

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